## Electronic Filing System (EFS) Data Electronic Patent Application Submission USPTO Use Only

EFS ID:

19915

Application ID:

10065747

Title of Invention:

CAMERA SUPPORT ASSEMBLY

AND ACTUATOR

First Named Inventor:

Franklin Marks

Domestic/Foreign Application:

**Domestic Application** 

**Utility Patent Filing** 

Filing Date:

Filing Type:

null

Effective Receipt Date:

2002-11-14

Submission Type:

null

Confirmation Number:

0

Attorney Docket Number:

NONE

Digital Certificate Holder:

cn=John Joseph Elnitski Jr., ou=Registered Attorneys, ou=Patent and Trademark Office, ou=Department of Commerce, o=U.S.

Government, c=US

Certificate Message Digest:

oNFoUvLXYIpFVmD7Vd9O7Q==

Total Fees Authorized:

\$433.0

Payment Category:

CC - Credit Card

Credit Card Number:

\*\*\*\*\*\*\*\*1002

Expiration Date:

10312006

Card Holder Name:

John J Elnitski

RAM User ID:

**EFSPROD** 

RAM Accounting Date:

2002-11-14

**RAM Sequence Number:** 

565257

RAM Payment Status:

**RAM success** 

Postal Code:

16823

## TRANSMITTAL FORM



Electronic Version 1.0.3 Stylesheet Version: 1.0

Submission Type: Utility Patent Filing

# CAMERA SUPPORT ASSEMBLY AND ACTUATOR

First Named Inventor: Mr. Franklin J. Marks Jr.

SUBMITTED BY

Name:

Mr. John J. Elnitski Jr.

Registration Number:

39968

Electronic Signature Mark: /John J.

Elnitski, Jr./

Date Signed: 20021114

I certify that the use of this system is for OFFICIAL correspondence between patent applicants or their representatives and the USPTO. Fraudulent or other use besides the filing of official correspondence by authorized parties is strictly prohibited, and subject to a fine and/or imprisonment under applicable law.

I, the undersigned, certify that I have viewed a display of document(s) being electronically submitted to the United States Patent and Trademark Office, using either the USPTO provided style sheet or software, and that this is the document(s) I intend for initiation or further prosecution of a patent application noted in the submission. This document(s) will become part of the official electronic record at the USPTO.

Attached Files:

declaration

dec\_0001.tif

declaration

dec\_0002.tif

bibd-transmittal

MarksPat1apds.xml

fee-transmittal

MarksPat1fee.xml

specification

mp.xml

Attached Image File(s):

dec\_0001.tif

dec\_0002.tif

Comments:

**PATENT** 

## COMBINED DECLARATION AND POWER OF ATTORNEY

## (ORIGINAL, DESIGN, NATIONAL STAGE OF PCT, SUPPLEMENTAL, DIVISIONAL, CONTINUATION, OR C-I-P)

As a below named inventor, I hereby declare that:

#### TYPE OF DECLARATION

This declaration is for an original application.

#### INVENTORSHIP IDENTIFICATION

My residence, post office address and citizenship are as stated below, next to my name. I believe that I am the original, first and sole inventor of the subject matter that is claimed, and for which a patent is sought on the invention entitled:

## TITLE OF INVENTION

CAMERA SUPPORT ASSEMBLY AND ACTUATOR

### SPECIFICATION IDENTIFICATION

The specification is attached hereto.

## ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information, which is material to patentability as defined in 37, Code of Federal Regulations, Section 1.56, and which is material to the examination of this application, namely, information where there is a substantial likelihood that a reasonable Examiner would consider it important in deciding whether to allow the application to issue as a patent.

## CLAIM FOR BENEFIT OF PRIOR U.S. PROVISIONAL APPLICATION(S)

(35 U.S.C. Section 119(e))

I hereby claim the benefit under Title 35, United States Code, Section 119(e) of any United States provisional application(s) listed below:

(Declaration and Power of Attorney--page 1 of 2)

#### PROVISIONAL APPLICATION NUMBER

FILING DATE

60/336,374

November 15, 2001

60/356,182

February 12, 2002

60/357,933

February 19, 2002

#### **POWER OF ATTORNEY**

I hereby appoint the following practitioner(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith.

APPOINTED PRACTITIONER(S)

**REGISTRATION NUMBER(S)** 

John J. Elnitski, Jr.

39,968

I hereby appoint the practitioner(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith.

SEND CORRESPONDENCE TO

DIRECT TELEPHONE CALLS TO:

John J. Elnitski, Jr. 225 A Snowbird Lane John J. Elnitski, Jr. 814-355-7646

Bellefonte, PA 16823 Customer Number 25759

#### DECLARATION

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

## SIGNATURE(S)

Franklin J. Marks, Jr.

Inventor's signature

f-malona, x.

D. 11/14

Country of Citizenship USA

Residence

Howard, PA

**Post Office Address** 

1811 Little Marsh Creek Road, Howard, PA 16841

(Declaration and Power of Attorney--page 2 of 2)

## FEE TRANSMITTAL

Electronic Version 1.1.0 Stylesheet Version: 1.0

Patent fees are subject to annual revisions on or about October' 1st of each year.

Small Entity

Independent Inventor

**TOTAL FEES AUTHORIZED: \$ 433** 

BANK (CREDIT) CARD INFORMATION:

Credit Card Number:

1002

**Expiration Date:** 

20061031

Authorized Name:

John J Elnitski

Billing Address:

- 16823

**BASIC FILING FEE** 

Fee Description	Fee Code	Fee Paid	
Utility Filing Fee	2001	\$ 370	

Subtotal For Basic Filing Fee: \$ 370

## **EXTRA CLAIM FEES**

	Fee Code	Fee	Extra Claims	Fee Paid
Total Claims: 27	2202	\$ 9	7	\$ 63
Independent Claims: 2	2201	\$ 42	0	\$ O

Subtotal For Extra Claims Fees: \$ 63